2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N98000003660

FILED Sep 02, 2005 8:00 am Secretary of State 09-02-2005 90015 030 ****61.25

Principal Place of Business 172 W 21 STREET	GOD'S ARK OF SAFETY MINISTRIES, INC.							
Suite, Apt. #, etc. Suite, Apt. #, etc.	722 W 21 STRE	ET	722 W 21 STREET	06	·	50064721		
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business 3. Mailing Address							
City & State Country Country Country Country Country Country S. Cartificate of Status Desired S. 75 Assignmant Fire Required Replaced Agent 7. Name and Address of New Registered 8. Description of New Registered Agent 8. Description of New Registered Agent 8. Description of New Registered 8. Description of New Registered 8. Description of New Registered 8. Description o					P (BEILIST STS 1848) 4 BM CENT	1 88151 68171 88161 88188 11178 6(11) 87311 8811119	1 81 188)	
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8. Name and Address of Current Registered Agant 7. Name and Address of New Registered Agant 7. Name and Address of New Registered Agant 7. Name and Address of New Registered Agant Name ORENE 134 E 44TH ST JACKSONVILLE, FL 32208 8. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Portide. I am familiar with, and accept the obligations of Agistered agant. SIGNATURE FILING Fee is \$61.25 Due by September 9, 2004 111. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS 115. OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS 116. OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 135 OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10 ORANA WILLIAMS, CORENE 134 E 44TH ST OFFICERS AND DIRECTORS IN 10	City & State		City & State					
WILLIAMS, CORENE 134 E 44TH ST JACKSONVILLE, FL 32208 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of Agistered agent. SIGNATURE FILING Fee Is \$81.25 Due by September 6, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1 0 TILL NAME WILLIAMS, CORENE 134 E 44TH ST UNADE, JOSEPH WADE, JOSEPH JACKSONVILLE, FL 3220B TILL NAME SIRRET ADDRESS CITY-S1-2P Debte TILL NAME SIRRET ADDRESS CITY-S1-2P Debte TILL NAME SIRRET ADDRESS CITY-S1-2P TILL Debte TILL NAME SIRRET ADDRESS CITY-S1-2P TILL Debte TILL Debte TILL Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition TILL TILL NAME SIRRET ADDRESS CITY-S1-2P TILL TILL Debte TILL TILL Debte TILL	Zip	Country	Zip	Country	5. Certificate of Status De		onal	
Street Address (P.O. Box Number is Not Acceptable) ABACKSONVILLE, FL 32208	Name ()							
### BACKSONVILLE, FL 32208 ##				LORENE IVILLIAMS				
City SACKSONVINE FL 332009 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Poissered agent. SIGNATURE Signature, typed or prented name or registered duest and the # appheable. (NOTE: Registered Agent signature required agent and the # appheable. (NOTE: Registered Agent signature required agent and the # appheable. (NOTE: Registered Agent signature required agent required agent and state appheable to purpose of prented name or registered agent. (NOTE: Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Poissered Agent signature required agent, or both, in the State of Florida of Poisser Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent, or both, in the State of Florida of Poissered Agent signature required agent required agent required agent required agent required agent signature required agent required agen				2336	, West Ede	REWOOD AVE.		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of gistered agent. SIGNATURE				City SAC		Zin Code	79	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, ! further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the operation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactyment with an address, with all other like empowered.								
SIGNATURE: Williams (ORENE WIlliams (B) 04)								